

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/623464</b>		FILING DATE <b>17 NOV 2000</b>	
						APPLICANT(S)			
<b>CLAIMS</b>									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5	/						55		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	13						TOTAL DEP.		
TOTAL CLAIMS	20						TOTAL CLAIMS		

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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